



## **SOME PSYCHOLOGICAL CORRELATES OF PARTICIPATION IN A GROUP WITH VISION IMPAIRMENTS**

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### *Abstract*

*We have proposed in the present study an exploratory analysis of some potential relations of participation indicators with satisfaction with life and some aspects of psychological functioning (depression, anxiety, stress, self-esteem, and self-efficacy) in a group of 80 participants with vision impairments (with visual acuity less than 0.3). The present paper summarizes a study that makes part of a larger work regarding participation in the context of vision impairment.*

Keywords: participation; vision impairment; psychological functioning; relations

### **Introduction**

As regards to the impact of a disability on individual functioning and limitations in daily activity, many studies carried out on elderly have shown that low vision diminishes their ability to engage in physical activities of daily living (Bookwala & Lawson, 2011). Reading, writing, watching TV, problems of mobility outside the home, travelling around and the use of means of transport or banking operations were frequently reported as functional problems by the elderly in a study of Gunnel Nordholm, while Travis et al. also mentioned the selection/ location and identification of items of clothing, kitchen items and money, the use of a telephone, writing a check or medication

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(cited in *ibidem*). To this list we might add difficulties in organizing and identifying things (especially small ones and those very similar in texture) and documents, consultation of the instructions for use of products and medication prospects, differentiation of the medicines, the use of more sophisticated devices, home cleaning, cleaning the stains from clothing and many other tasks that normally require the use of vision.

In the case of people with visual impairments, the problem of access is particularly important in the context of participation outside the house. While inside and around the house or well-known places they are generally doing better, when they come out on the street, low vision and especially the lack of vision is associated with a real problem of mobility. The irregularities of the road, potholes, kerbs, stairs, obstacles, lack of contrasting visual warnings or auditory ones at the crossings of pedestrians or in bus stations, represents true problems. On the other hand, in public institutions persons with severe visual deficiencies have particular important difficulties to handle without an accompanying person, being forced to turn to foreign people to direct them inside the building, to read a paper or to fill out a form.

Difficulties in carrying out the various activities of daily life, have a direct impact on participation of individuals (defined as level of involvement in carrying out its own set of social roles) by increasing the amount of time, reducing their performance or impossibility to perform some activities, but also through the psychological impact that these difficulties might have, and vice-versa in many cases.

## **Method**

The methodological details are common with a larger study<sup>1</sup> (Răcășan, 2015, pp. 40-78), thus for the present paper we will only mention some brief particular considerations.

We have proposed in the present study an exploratory analysis of some potential relations of participation indicators with satisfaction with life and some aspects of psychological functioning (depression, anxiety, stress, self-esteem, and self-efficacy) in the context of vision impairment.

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<sup>1</sup> that has been previously presented extensively in a nationally visible publication (Răcășan, 2015, pp. 40-78), also including some parts of the present paper.

### *Participants*

The sample consisted of 80 Romanian participants (38 women, 42 men) between 21 and 62 years of age, of which 34 were unemployed (19 women, 15 men) and 46 were employed (19 women, 27 men). All participants had a visual acuity of less than 0.3, with 50% being totally blind (with or without light perception), 27,5% having practical blindness (from perception of forms to the ability to count fingers from 1 meter distance, meaning a visual acuity of 0,02) and 22,5% with low vision and a visual acuity of 0,02 to 0,3<sup>2</sup>.

A detailed presentation of the group of participants in terms of socio-demographic and disability related characteristics, some aspects of personal autonomy and psychological functioning and a brief analysis of the 12 cases that may be considered refusals of participation in our study is available in Răcășan (2015, pp. 42-61).

### *Instruments*

(briefly presented in Răcășan, 2016 and extensively presented in Răcășan, 2015, pp. 42-61).

*The questionnaire for collecting socio-demographic and disability related data (Răcășan, 2015).*

*The Participation Measurement Questionnaire (PMQ; Răcășan, 2015)*

*Depression Anxiety Stress Scales (DASS; Lovibond & Lovibond, 1995; Perç, 2013).*

*General Self-Efficacy Scale (GSE; Schwarzer & Jerusalem, 1995; Băban, Schwarzer & Jerusalem, 1996).*

*Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965; Moldovan, 2007).*

*Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985; Marian, 2007, Stevens et al., 2012).*

### *Procedure*

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<sup>2</sup> Whereas we did not have exact information or the possibility to measure visual acuity or visual fields of the participants, we constructed a set of indicators that refer to residual vision (and addressed specific questions focusing on their vision quality and the level they could use their vision in everyday life). Very strong intercorrelations between the indicators (all with  $r_s > .900$  and  $p < .001$ ) confirmed that they refer to the level of residual vision. Further, based on the same indicators, we applied an algorithm to appreciate the vision impairment degree of each participant.

Data were collected through two alternative means, thereby 47 of the participants were selected using the method known as "snow ball" and participated to the research solely by telephone interviews in two or three sessions, while the other 33 voluntary completed an online form through which the same data were collected in the wake of posting messages on 3 groups of blind persons from Romania. With 29 of them we did the checking and completing of the protocol by phone interviews, thus maximizing reliability of data collection in 95% of cases.

## Results and discussion

By reporting our data to normative ones proposed in validation studies of the used instruments (DASS, GSE, RSES and SWLS) we synthesize the following<sup>3</sup>:

- 25% of the participants had considerable symptoms of *depression* (17.5% moderate, 3.75% severe, and 3.75% extremely severe), 22.5% only mild symptoms and 52.5% were in normal limits.
- 22.5% of the participants had considerable symptoms of *anxiety* (15% moderate, 3.75% severe, and 3.75% extremely severe), 21.25% only mild symptoms and 56.25% were in normal limits.
- 28.75% of the participants had a considerable level of *stress* (22.5% moderate, 5% severe, and 1.25% extreme), 11.25% only mild stress and 60% were in normal limits.
- 44.3% of the participants had low and very low *self-esteem* levels (16.5% very low, 27.8% low), while at a medium level stand 32.9% and with high self-esteem levels were 22.8% of the participants.
- the media of general self-efficacy scores was significantly lower in our sample ( $m=20,54$ ) compared to the data available on the international website of the scale<sup>4</sup> (of 17552 cases from 23 countries,  $m=29,46$ )<sup>5</sup>.
- Satisfaction with life level is rather high in our sample, according to norms proposed for Romanian population by Marian (2007), 13.9% of

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<sup>3</sup> Details have been presented in Răcășan, 2015, pp. 65-67

<sup>4</sup> <http://userpage.fu-berlin.de/health/selfscal.htm>

<sup>5</sup>  $t=221.726$  (17552),  $p<.001$

the participants being unsatisfied with their life, 41,8% having a medium satisfaction and 44,3%- very satisfied.

An important result of the present study is the confirmation that participation represents an important aspect of quality of life in the context of visual impairment, through the significant moderate- intensity association between satisfaction with life and global participation ( $r=415$ ,  $p<.01$ ). Among its domains, the strongest association was found between satisfaction with life and community participation ( $r=328$ ,  $p<.01$ ), followed by productive participation ( $r_s=312$ ,  $p<.01$ ), personal relationships participation ( $r=304$ ,  $p<.01$ ) and outdoor ( $r_s=274$ ,  $p<.05$ ). The most representative participative indicators to this relation were:

- time spent outdoor ( $r_s=368$ ,  $p<.01$ ) and the frequency of outgoings from the house per week ( $r_s=367$ ,  $p<.01$ ),
- communication at distance with closed family members frequency ( $r_s=307$ ,  $p<.01$ ),
- time spend working for money ( $r_s=264$ ,  $p<.05$ ),
- and also the frequency of participation in family or with friends reunions ( $r_s=257$ ,  $p<.05$ ).

Furthermore, *self-esteem* level was positively associated with the score of global participation ( $r_s=275$ ,  $p<.05$ ), especially with the score of personal relations participation ( $r_s=230$ ,  $p<.05$ ), and community participation ( $r_s=282$ ,  $p<.05$ ). Specifically, the relevant associated indicators suggest that they tend to show higher self-esteem levels participants who:

- communicate more often at distance with family members ( $r_s=281$ ,  $p<.05$ ),
- go out more frequently to pubs or public places ( $r_s=268$ ,  $p<.05$ ),
- participate more often to concerts, spectacles or sports events ( $r_s=457$ ,  $p<.001$ ),
- and to big parties or meetings with many new people ( $r_s=273$ ,  $p<.01$ ).

General *self-efficacy* score tends to increase as the outdoor<sup>6</sup> participation and global participation increases ( $r_s=328$ ,  $p<.01$ , respectively  $r_s=266$ ,  $p<.05$ ). The most representative self-efficacy items in this relation would refer to the agreement with the following statements:

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<sup>6</sup> Meaning outside the house

- “I can usually handle whatever comes my way” ( $r_s=364$ ,  $p<.01$ - for outdoor participation, respectively  $r_s=227$ ,  $p<.05$ - for global participation)
- “If I am in trouble, I can usually think of a solution” ( $r_s=226$ ,  $p<.05$ , respectively  $r_s=284$ ,  $p<.05$ )
- “When I am confronted with a problem, I can usually find several solutions” ( $r_s=311$ ,  $p<.01$ , respectively  $r_s=284$ ,  $p<.05$ )
- “Thanks to my resourcefulness, I know how to handle unforeseen situations” ( $r_s=244$ ,  $p<.05$ , respectiv  $r_s=286$ ,  $p<.05$ ).

Focusing on participatory indicators, general self-efficacy score tends to be slightly higher for participants who spend more time outdoor ( $r_s=256$ ,  $p<.05$ ), go more often to shopping ( $r_s=239$ ,  $p<.05$ ) and participate more often at big parties or meetings with many new people ( $r_s=312$ ,  $p<.01$ ).

As expected, *depression* levels tended to decrease as global participation and especially participation in personal relations increased ( $r_s=-264$ ,  $p<.05$  for global participation, and  $r_s=-293$ ,  $p<.01$ - for personal relations participation), the most relevant depression items refer to the level participants appreciated that:

- during last week they felt disheartened and downcast ( $r_s=-353$ ,  $p<.01$ , respectively  $r_s=-314$ ,  $p<.01$ )
- and that life does not make sense ( $r_s=-365$ ,  $p<.01$ , respectively  $r_s=-345$ ,  $p<.01$ ).

As the mild but significant relations show ( $r_s$  from  $-221$ , to  $-239$ ,  $p<.05$ ), visually impaired participants in our sample with higher depression scores tend to have less friends ( $r_s=-234$ ,  $p<.05$ ), meet and communicate at distance less frequently with them ( $r_s=-237$ ,  $p<.05$ , and  $r_s=-239$ ,  $p<.05$ ) and tend to spend less time taking care of others ( $r_s=-221$ ,  $p<.05$ ).

On the other hand, our participants *anxiety* score tended to decrease as the number of people they keep in touch with (except family) increased ( $r_s=-291$ ,  $p<.01$ ), and as the frequency of distant talks with these increased ( $r_s=-303$ ,  $p<.01$ ). Interestingly, anxiety score tended to increase together with time spent in activities with their partner ( $r_s=289$ ,  $p<.01$ ), suggesting an increased social anxiety and co-dependence in visually impaired participants.

*Stress* score tends to be decreased in people that participate higher in personal relations ( $r_s=-259$ ,  $p<.05$ ), who appreciated less that during last week they found themselves to upset easily ( $r_s=-320$ ,  $p<.01$ ). Also, stress level tends

to be slightly decreased in those that have more close friends ( $r_s=-.226$ ,  $p<.05$ ), keep in touch with more people except close friends and family members ( $r_s=-.258$ ,  $p<.05$ ) and tend to meet them more frequently (significant and small correlations).

As Roșeanu, Marian, Tomulescu and Pusta (2008) concluded, people that are „oriented towards negative aspects of their life in the past and/or view their present in a fatalistic or hedonistic way”, „are most likely to display frequent symptoms of depression, anxiety and/or somatization”, which explains why satisfaction with life also tends to be lower.

Previous studies emphasized, regarding work participation, that employed as compared to unemployed people tend to express higher anxiety and depression disorders prevalence, have higher rates of alcohol consumption, and lower self-esteem and quality of life levels (Chan, Strauser, Gervy, & Lee, 2010). In our sample, we also identified significant gender differences with respect to these aspects. Among active participants, women had significantly higher anxiety levels ( $Z=-2.064$ ,  $p<.05$ ), while among those inactive, women had significantly higher levels of both anxiety ( $Z=-2.058$ ,  $p<.05$ ) and depression ( $Z=-2.354$ ,  $p_{\text{exact}}<.01$ ) (Răcășan, 2016).

According to Marian (2013, p. 8) “depressive mood frequently appears in jobless persons in association to internal, stable and global negative explicative style (or attributional style)”. Even in the absence if a disability, learned helplessness can appear when a person loses his job, leading to „passivity and demoralisation, which will make it very difficult for the unemployed person to find a new job” (ibidem, p. 8).

With regard to the importance of participation for well-being, a direction of study may be linked to causal relations of it with aspects of psychological functioning. In this respect, we assume that interventions focusing on the reduction of depressive and anxiety symptoms, improvement of self-esteem and self-efficacy, acceptance of disability, but also development of some deficitary social skills (e.g. assertiveness, amability, flexibility, responsibility, persuasion, perseverance, self-control, social confidence s.o.) and independent life abilities would lead to a significant increase in the level and satisfaction with participation, thereby enhancing the quality of life. In the context of visual impairment, we propose that overall and specific dimensions of participation variance could be well explained by independent life abilities development level and other concerns of psychological functioning, and that

interventions focused on problematic ameliorable issues could lead to improvement of participative indicators relevant for a good quality life.

#### *Limits of the study*

The main limits of the proposed study refer to a small number of participants and to the non-random sampling method chosen, although this could be considered adaptive taking into account that we refer to a very heterogeneous special population in terms of visual experience and useful residual vision. Increased heterogeneity is due to the diversity of visual diseases, often present in combination - which implies variable impairment of vision indicators - but also to the age of impairment requirement - with significant repercussions upon the level and fidelity of representations. As regards the small number of participants, it imposes certain limits in the possibilities of data analysis and interpretation, but we preferred assuming them in favour of collecting quality data and ensuring its accuracy as much as possible (Răcășan, 2016).

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